

BUCKLEY, MASCHOFF & TALWALKAR LLC

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FACSIMILE TRANSMITTAL SHEET

TO: Central Facsimile Number for Official Patent-Related Correspondence (Examiner Kirsten S. Apple)	FROM: Randy Calhoune
COMPANY: U.S. Patent and Trademark Office	DATE: February 20, 2007
FACSIMILE NO: 1-571-273-8300	TOTAL NO. OF PAGES INCLUDING COVER: 19
RE: Application Serial No.: 10/036,286 First Named Inventor: KUMAR Group Art Unit: 3693 Atty. Ref. No.: G07.010	SENDER'S TELEPHONE No: 203-972-5985

CERTIFICATE OF FACSIMILE UNDER 37 CFR 1.8

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Randolph P. Calhoune

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Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: KUMAR et al.

Application No.: 10/036,286

Filing Date: 12/31/2001

For: METHOD AND APPARATUS FOR

PROMOTING USE OF A FINANCIAL PRODUCT

Confirmation No.: 4570

Group Art Unit: 3693

Examiner: Kirsten S. Apple

AMENDMENT and RESPONSE to

October 19, 2006 Non-Final Office Action

Docket No.: G07.010

PTO Customer Number 28062 Buckley, Maschoff & Talwalkar LLC

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New Canaan, CT 06840

CERTIFICATE OF FACSIMILE UNDER 37 CFR 1.8

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Dated: February 20, 2007 By:

Randolph P. Calhoune

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing are:

- 1. ☑ Fee as calculated and transmitted as described below
- ✓ Amendment/Response to Non-Final Office Action mailed October 19, 2006
- 3. ✓ Petition for 1-Month Extension of Time

Application Serial No.: 09/942,453

Attorney Docket No.: G08.057

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FEE CALCULATION

Indep. Claims6-70\$ 200.00\$ 0.00Multiple Dependent Claims (add \$300.00 if applicable)\$ 0.00Petition for 1 Month Extension of Time\$120.00					TOTAL FEE	\$120.00
Total Claims 28 - 35 0 \$ 50.00 \$ 0.00 Indep. Claims 6 - 7 0 \$ 200.00 \$ 0.00 Multiple Dependent Claims (add \$300.00 if applicable) \$ 0.00	OTHER FEE (specify purpose):					\$ 0.00
Total Claims 28 - 35 0 \$ 50.00 \$ 0.00 Indep. Claims 6 - 7 0 \$ 200.00 \$ 0.00	Petition for 1 Month Extension of Time					\$120.00
Total Claims 28 - 35 0 \$ 50.00 \$ 0.00	Multiple Dependent Claims (add \$300.00 if applicable)					\$ 0.00
	Indep. Claims	6	-7	0	\$ 200.00	\$ 0.00
For Current Prev. Paid No. Extra Rate Fee	Total Claims	28	- 35	0	\$ 50.00	\$ 0.00
	For	Current	Prev. Paid	No. Extra	Rate	Fee

Credit Card Authorization Payment Form in the amount of \$120.00 is enclosed.

The Commissioner is hereby authorized to charge and credit Deposit Account No. 50-1852 as described below. A duplicate copy of this sheet is enclosed.

☑ Credit any overpayment.

☑ Charge any additional fees required under 37 CFR 1.16 and 1.17.

Respectfully submitted,

February 20, 2007

Date

Randolph P. Calhoune Registration No. 45371

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